

## BICENTENNIAL FARMS PROGRAM RE-CERTIFICATION APPLICATION

(Please fill out completely -- Type or print legibly)

minois opticition of Products Research	1	vhich you are requ <b>N Sign</b> and/or	esting (check one or l					
Name(s) of owner(s) wh	ıen farm was origir	nally certified:			_ 			
Last Name Representin	g the Family Farm	:						
Name(s) of Present Ow	ner:							
Address / Location of Bi	centennial Farm:_							
City:			_State:			Zip:		
Township Name:			County:					
Original Purchase Date:			Original acreage:		Present acreage:			
Name(s) to appear on c	ertificate:							
Legal Description of Lar	nd:							
In order to update our in present owner  Date	formation about th	ne farm, please list al Name	I lineal ancestor owners			d continuing to the		
I do hereby certify that I as such, said farm is stil								
		Signature	of Owner			Date		
To whom should the De	partment address	its correspondence,	sign and/or certificate?					
Name:								
Address:		C	ity:	State:	_ Zip:			
Phone:			E-mail address:					
Please enclose your che return to: Centennial F Fairgrounds, Springfie	arms Program, III	linois Department o	of Agriculture, Marketin	ng and Promotion, P.C	D. Box 1	19281 - State		
		FOR OF	FICE USE ONLY					
Date Recertified:		Recertified by:		Check Num	ber:			
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